

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA

THIRD JUDICIAL DISTRICT AT HOMER

JOEL MUMEY,

Plaintiff,

vs.

STATE OF ALASKA, DEPT OF
LAW and JUSTIN S. HILARIO,

Defendant.

RECEIVED

JUL 07 2020

LAW-CIVIL

Case No. 3HO-20-00083 CI

AFFIDAVIT OF CIVIL RULE 4 PROCESS

STATE OF ALASKA)

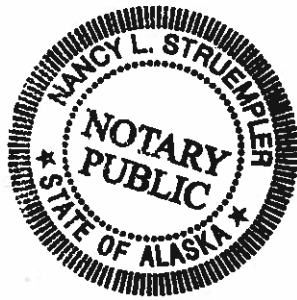
THIRD JUDICIAL DISTRICT)

) ss:

I, Angela C. Miller, being duly sworn, do hereby state as follows: That I am employed at BARBER & ASSOCIATES, LLC; that pursuant to Exhibit 1 attached hereto, a copy of the Summons and Complaint was served by certified mail to defendant State of Alaska, Department of Law on May 22, 2020 and pursuant to Exhibit 2 attached hereto, a copy of the Summons and Complaint was served by North Country Process to defendant Justin S. Hilario on June 28, 2020; that the defendants in this action have been served.

Angela C. Miller
Angela C. Miller

SUBSCRIBED AND SWORN to before me this 6 day of July, 2020.



Nancy L. Struempfer
Notary Public in and for Alaska
My Commission Expires: 08-04-22


CERTIFICATE OF SERVICE

This is to certify that on this
date a copy of the foregoing was
served by (X) mail () fax () hand
to:

Kevin Clarkson, AG
State of Alaska
Department of Law
1031 W Fourth Ave., Suite 200
Anchorage, AK 99501

Justin Hilario
PO Box 1926
Homer, AK 99603

Angie Miller 7.6.20
Angie Miller Date

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY																	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>KEVIN CLARKSON, ATTY GENERAL STATE OF ALASKA, DEPT OF LAW 1031 W 4TH AVE STE 200 ANCHORAGE, AK 99501</p>  <p>9590 9402 4285 8190 9809 30</p> <p>2. Article Number (Transfer from service label) 117 2680 0000 8851 9077</p>		<p>A. Signature X OAG <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) AJC92 C19</p> <p>C. Date of Delivery 5/22/20</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>																	
		<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>		<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																		
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																		
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																		
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise																		
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™																		
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																		
<input type="checkbox"/> Insured Mail																			
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																			

Domestic Return Receipt

EXHIBIT _____
Page _____ of _____

Exhibit B, Page 3 of 4

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RECEIVED

JUL 02 2020

BARBER & ASSOCIATES, LLC

AFFIDAVIT - RETURN OF SERVICE

JOEL MUMEY

Plaintiff(s),

Case Number: 3HO-20-00083 CI

FILE STAMP

vs.

STATE OF ALASKA AND JUSTIN S. HILARIO

Defendant(s).

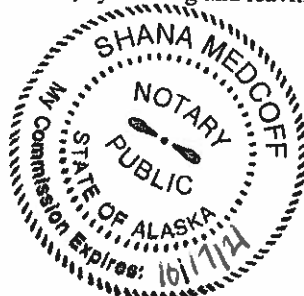
I solemnly swear or affirm that on 6/28/2020, at 11:58 AM, I served the following documents:

SUMMONS AND NOTICE TO BOTH PARTIES OF JUDICIAL ASSIGNMENT, LETTER, COMPLAINT

upon the therein named JUSTIN S. HILARIO at MEETING PLACE: HOMER POST OFFICE, 3658 HEATH STREET, HOMER, ALASKA 99603, by handing and leaving a true and correct copy with JUSTIN S. HILARIO.

Process Server Notes:

RESEARCH



Ann E. Hoffman
ANN E. HOFFMAN

Civilian Process Server

SUBSCRIBED AND SWORN to or affirmed before me this June 30, 2020 in Soldotna, Alaska.

Shana Medcoff
Notary Public in and for the State of Alaska
My Commission Expires: 10/17/21

Client: BARBER & ASSOCIATES, LLC

Client Contact: ANGIE MILLER

File Number:

North Country Process, Inc.

P.O. Box 101126

Anchorage, Alaska 99510

Office: (907) 274-2023

Fax Line: (907) 274-2823

NCPI@alaska.net

Return No.: 193900

Service Fee [Rule 11(a)(1)(i/ii)]:	\$45.00
Mileage Fee [Rule 11(a)(7)]:	\$20.00
Fee for Excess Mileage [Rule 11(a)(7)]:	\$69.00
Total miles traveled to obtain service:	163
Fee for Excess Hours [Rule 11(a)(1)(iii)]:	\$37.50
Total hours to obtain service:	3.25

Total Recoverable Fees per Admin Rule 11:	\$171.50
Research Fee:	\$30.00
Non-Recoverable Tax:	\$13.46
Total Non-Recoverable Fees per Admin Rule 11:	\$43.46
Total Service Fees:	\$214.96

Exhibit B, Page 4 of 4

Exhibit 2
Page 1 of 1